

**BOARD OF PUBLIC WORKS AND SAFETY**  
**Agenda Request Form**

(Form B-01-2012)

*Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.*

**Date Submitted:** 04/07/2016 **Meeting Date:** 04/18/2016

**Contact Information:**

**Requested by:** Jayne Rhoades, Clerk-Treasurer

**On Behalf of Organization or Individual:**

**Telephone:** 317-736-3609

**Email address:** [jrhoades@franklin.in.gov](mailto:jrhoades@franklin.in.gov)

**Mailing Address:** 70 E Monroe St. Franklin, IN 46131

**Describe Request:**

Credit application for AccuCut.

**List Supporting Documentation Provided:**

Credit application for AccuCut.

**Who will present the request?**

**Name:** Jayne Rhoades, Clerk-Treasurer **Telephone:** 317-736-3609

*In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.*

**CREDIT APPLICATION**

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Federal ID/SS#: \_\_\_\_\_ (If marked exempt, please include certificate) Years in Business \_\_\_\_\_

Sole ☐Partner ☐Corp ☐Government ☐**Owner(s)/Principal(s):**

| Name | Title | SS# | Home Address |
|------|-------|-----|--------------|
|      |       |     |              |
|      |       |     |              |

|                  |  |
|------------------|--|
| Primary Address  |  |
| City, State, Zip |  |
| Website          |  |

|                  | Billing | Shipping |
|------------------|---------|----------|
| Contact name     |         |          |
| Address          |         |          |
| City, State, Zip |         |          |
| Email            |         |          |
| Phone            |         |          |

Please attach additional Shipping addresses separately

| Approved Purchaser(s) | PO required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------|---|
| Name                  |   |
| Title                 |   |
| Email                 |   |
| Phone                 |   |

Please attach additional Approved Purchasers separately

|                                |  |
|--------------------------------|--|
| Expected Monthly Dollar Values |  |
| Expected Frequency of Orders   |  |

AccuCut LLC | 8843 S 137<sup>th</sup> Cir, Omaha, NE 68138 | Phone: 800-288-1670 | Fax: 402-939-0304 | [info@accucut.com](mailto:info@accucut.com)

**TRADE REFERENCES** (Name suppliers of major products and services.)

| Name | Acct # | City, State | Fax Number | Email |
|------|--------|-------------|------------|-------|
|      |        |             |            |       |
|      |        |             |            |       |
|      |        |             |            |       |

**BANK REFERENCE:**

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|           |         |
|-----------|---------|
| Bank Name | Address |
|-----------|---------|

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|                               |                |                 |
|-------------------------------|----------------|-----------------|
| Contact Name and Phone Number | Account Number | Type of Account |
|-------------------------------|----------------|-----------------|

**CERTIFICATION, ACKNOWLEDGEMENT AND AUTHORIZATION:**

The undersigned hereby represent that he/she is duly authorized to execute and submit this credit application on behalf of the customer named above ("Customer"), and the information provided above is for the purpose of obtaining credit for business purposes (not personal, family, or household purchases) and is warranted to be true, correct, and complete. **AccuCut Services, LLC** is hereby authorized to investigate the references listed and to run a credit report pertaining to my/our credit and financial responsibilities. The undersigned, for and on the behalf of Customer, acknowledges and agrees to provide **AccuCut Services, LLC** with prompt notice at such time as any of the information provided herein becomes false or misleading in any respect.

**CREDIT AGREEMENT:**

In consideration of credit being extended by **AccuCut Services, LLC** to the above named applicant for merchandise to be purchased, whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned applicant hereby contracts with **AccuCut Services, LLC** and agrees to pay, when due (as hereinafter set forth), all accounts of said applicant for the purchases. All billings will be paid in full on or before the due date on the invoice. If payment is not made when due, interest shall accrue at 1 1/3% per month on the amount due from the date of the invoice until paid. Credit privileges will be revoked if invoices are not paid in full when due without further notice. In the event it is necessary for **AccuCut Services, LLC** to take legal action or use the services of a collection agency to collect an account, the above-named applicant agrees to pay all reasonable expenses incurred including attorneys' fees and all pre-and post-judgment interest. This Application and any dispute between the above-named applicant and **AccuCut Services, LLC** shall be governed by the laws of Nebraska, and, all disputes between the above-named applicant and **AccuCut Services, LLC** shall only be litigated in an appropriate state court located in Sarpy County, Nebraska, and the above-named applicant consents to personal jurisdiction and venue being proper in the appropriate state court located in Sarpy County, Nebraska.

**Business Name:** \_\_\_\_\_

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|                        |         |        |
|------------------------|---------|--------|
| (Authorized Signature) | (Title) | (Date) |
|------------------------|---------|--------|